U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  READ THE INSTRUCTIONS CAREFI	
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1 File Number U - 118	2. Fiscal Year Covered From:
	77 17 / 2004 Through: 1/2 / 37 / 2004
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3. Name and address of person filing.	4. Name, file number, and address of labor organization.
	Name Termiter trial (mine 49)
Name Lacry E H. II	Name Teamster Local Union 491
/	Lebor Organization File Number 016-605
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any
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5. Position in labor organization.	
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of
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Name of Person Filing Larry E. Hill	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Beyer Barber	a. Labor Organization
Trade Name, if any:	∑ b. Trust
P.O. Box, Bldg., Room No., if any	i c. Employer
Street [136 Hamilton St Suite 103]	
State Pa ZIP Code +4 18/01	
10. If 9.b. or 9.c. is checked give lrust or employer's name.	11.a. Nature of such dealing,
Name South Nosten Penniau Mux land Airea Teamstror Employer Pensions Trade Name, If any:	Pinner at IFEBParalual confor havry Hill Twife
P.O. Box, Bldg., Room No., if any	
Street 1/2 Morgantonin 5+	11.b. Approximate dollar value of such dealing. 237.00
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	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any;	
P.O. Box, Bldg., Room No., if any	
Street	TO THE PARTY OF TH
City [	
State ZIP Code + 4	

Name of Person Filing Laury E. H.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	arwise dealing with the business titvely seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Southwest or Roun and Markaud Anon Teamsters and Employer Pensions Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1/2 Morgantown St	
State Da ZIP Code +4 15401	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,
Name	Dinner Trustee meeting on
Trade Name, if any:	4/16/04
P.O. Box, Bidg., Room No., if any	
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State PG ZIP Code + 4 15 40]  10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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